

# APS WORK/PROJECT CHECKLIST

(To be used for non-ANL non-User hands-on work at the APS.)

## Part 1. Work/Project Description (To be completed by the requestor)

ANL Requisition No. \_\_\_\_\_ or ☐ N/A Date \_\_\_\_\_  
Requestor \_\_\_\_\_ Location of Work \_\_\_\_\_  
APS Coordinator \_\_\_\_\_ Phone No. \_\_\_\_\_ Organization \_\_\_\_\_  
Proposed Start Date \_\_\_\_\_ Phone No. \_\_\_\_\_ Pager No. \_\_\_\_\_  
Job Description \_\_\_\_\_ Required Completion Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
General Comments/Potential Safety Hazards \_\_\_\_\_  
\_\_\_\_\_

*Forward to APS Coordinator*

## Part 2. Design and ESH Review (APS Coordinator to obtain signatures as necessary or confirms N/A)

### Approval to Proceed

### Approval Signature & Date

### Check If Comments Attached

#### Comments

Y N/A

<input type="checkbox"/> <input type="checkbox"/> APS Conventional Facilities	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Industrial Hygiene	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Health Physics	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Fire Protection	_____	<input type="checkbox"/>
X Environmental Review (R. Hislop)	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Occupant (ASD/XFD)	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> PFS Facilities Maintenance	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Building Manager	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Other _____	_____	<input type="checkbox"/>

(specify)

*Forward to APS Safety Coordinator*

## Part 3. Risk Classification & Contractor Access Requirements (To be completed by APS Safety Coordinator)

Risk Classification: ☐ Construction ☐ High ☐ Moderate ☐ Low APS Safety Coordinator \_\_\_\_\_  
Documentation: ☐ Full Safety Plan ☐ Job Safety Analysis ☐ No Documentation Required (Date) \_\_\_\_\_  
Contractor Training: ☐ Contractor Safety Orientation ☐ Mini-Contractor Safety Orientation ☐ Bldg. Orient. ☐ Other \_\_\_\_\_  
Other Requirements: \_\_\_\_\_  
\_\_\_\_\_  
(Permits, Escorts, etc.)

*Forward to APS Coordinator*

## Part 4. Project Management (To be completed by APS Coordinator)

Name of Contractor \_\_\_\_\_ Contract No. \_\_\_\_\_  
Contractor Manager/Supervisor \_\_\_\_\_ Phone/Pager \_\_\_\_\_  
Contractor Safety Coordinator \_\_\_\_\_ ☐ 10 Hr OSHA or ☐ Equivalent training  
Safety Plan/JSA Title & approval date \_\_\_\_\_ or Blanket JSA No. \_\_\_\_\_  
Authorization to Proceed \_\_\_\_\_

*Forward to M. Larson*

**Attach relevant documentation to this form**